

Scholarship Child Information

If only one parent is in the home, leave other parent blank; if caretaker is not a parent, please indicate (grandmother, aunt, etc.)



Provider Name: _____

Address: _____

City, State, ZIP: _____

FEIN: _____ Phone: _____

If requesting more than one scholarship, make a copy of this page for each child

**YOU MUST ATTACH COPIES OF SOCIAL SECURITY CARDS AND
BIRTH CERTIFICATES OR OTHER ID FOR ALL HOUSEHOLD MEMBERS**

Print Child's Name: _____ Address: _____

Male/Female: _____ Birthdate: _____

SSN: _____ Phone #: _____

(If child is school age) School: _____ School System: _____

Print Mother's Name: _____ Employer: _____

Birthdate: _____ Employer's address: _____

SSN: _____ Employer Phone: _____

Hourly Wage or salary: _____ Hours/wk: _____

Please attach last 4 check stubs or letter from employer verifying hours worked per week, gross pay amount, and how often the individual is paid. The application cannot be processed without this information or proof of school enrollment.

Print Father's Name: _____ Employer: _____

Birthdate: _____ Employer's address: _____

SSN: _____ Employer Phone: _____

Hourly Wage or salary: _____ Hours/wk: _____

Please attach last 4 check stubs or letter from employer verifying hours worked per week, gross pay amount, and how often the individual is paid. The application cannot be processed without this information or proof of school enrollment.

Other household members (please print - use back of page if needed)

Name: _____ Relationship: _____ Birthdate: _____ SSN: _____

Name: _____ Relationship: _____ Birthdate: _____ SSN: _____

Name: _____ Relationship: _____ Birthdate: _____ SSN: _____

Other household income: _____

Documentation of other household income must be provided

Parent/Caretaker's signature: _____